

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/890737	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1			1							
2				1						
3					1					
4						1				
5							1			
6								1		
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48										
49										
50										
TOTAL IND.			1							
TOTAL DEP.			1							
TOTAL CLAIMS			8							
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS										